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## F A X T R A N S M I T T A L

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Date	Total pages	Attorney number	Client/matter number
August 4, 2005	14		

To	Company	Fax number	Telephone
Examiner Stephen M. Johnson Group Art Unit: 3641	U.S. Patent and Trademark Office	571-273-8300	

From	Fax number	Telephone
Louis S. Sorell	212.355.3333	212.459.7421

## Message:

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PTO/SB/21 (09-04)

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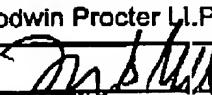
(to be used for all correspondence after initial filing)

		Application Number	10/741,307
		Filing Date	December 19, 2003
		First Named Inventor	J. Ahmed
		Art Unit	3641
		Examiner Name	Stephen M. Johnson
Total Number of Pages in This Submission		Attorney Docket Number	104990-143786

## ENCLOSURES (Check all that apply)

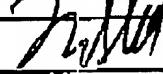
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Goodwin Procter LLP		
Signature			
Printed name	Louis S. Sorell		
Date	August 4, 2005	Reg. No.	32,439

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Louis S. Sorell	Date	August 4, 2005

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008. GOMB 0861-0032

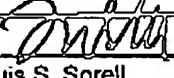
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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818).</b>		<b>Complete If Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Application Number</b> 10741,307 <b>Filing Date</b> 12-19-03 <b>First Named Inventor</b> J. Ahmad <b>Examiner Name</b> Stephen M. Johnson <b>Art Unit</b> 3641 <b>Attorney Docket No.</b> 104990-143786	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b>	(\$)		

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 06-0923 Deposit Account Name: Goodwin Procter LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments	
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2030.</small>	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>FILING FEES</b> <b>Small Entity</b>		<b>SEARCH FEES</b> <b>Small Entity</b>		<b>EXAMINATION FEES</b> <b>Small Entity</b>		
	<b>Fee (\$)</b>	<b>Fog (\$)</b>	<b>Fee (\$)</b>	<b>Fog (\$)</b>	<b>Fee (\$)</b>	<b>Fog (\$)</b>	<b>Fee Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>						<b>Small Entity</b>	<b>Fee (\$)</b>
<small>Fee Description</small>						<small>Fee (\$)</small>	<small>Fee (\$)</small>
<small>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent</small>						<small>50</small>	<small>25</small>
<small>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent</small>						<small>200</small>	<small>100</small>
<small>Multiple dependent claims</small>						<small>360</small>	<small>180</small>
<small>Total Claims</small>						<small>Extra Claims</small>	<small>Fee (\$)</small>
<small>- 20 or HP =</small>						<small>x</small>	<small>=</small>
<small>HP = highest number of total claims paid for, if greater than 20</small>						<small>Fee (\$)</small>	<small>Fee Paid (\$)</small>
<small>Indep. Claims</small>						<small>Extra Claims</small>	<small>Fee (\$)</small>
<small>- 3 or HP =</small>						<small>x</small>	<small>=</small>
<small>HP = highest number of independent claims paid for, if greater than 3</small>						<small>Fee (\$)</small>	<small>Fee Paid (\$)</small>
<b>3. APPLICATION SIZE FEE</b>							
<small>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)</small>							
<small>for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</small>							
<small>Total Sheets</small>						<small>Extra Sheets</small>	<small>Number of each additional 50 or fraction thereof</small>
<small>- 100 =</small>						<small>x</small>	<small>Fee (\$)</small>
<small>/ 50 =</small>						<small>(round up to a whole number)</small>	<small>=</small>
<small>Fee Paid (\$)</small>							
<b>4. OTHER FEE(S)</b>							
<small>Non-English Specification, \$130 fee (no small entity discount)</small>							
<small>Other:</small>							

<b>SUBMITTED BY</b>	
<b>Signature</b> 	<b>Registration No.</b> 32,439 <b>(Attorney/Agent)</b>
<b>Name (Print/Type)</b> Louis S. Sorell	<b>Telephone</b> 212-459-7421
<b>Date</b> 8-4-05	

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## PATENT

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AUG 04 2005

Appl. No. : 10/741,307  
Applicant : J. Ahmad  
Filed : December 19, 2003  
Title : Protective Structure and Protective System

TC/A.U. : 3641  
Examiner : Stephen M. Johnson

Docket No. : 104990.143786

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being faxed to Fax No. 571-273-8300 on the date set forth below.

Name: Louis S. Sorell, Reg. No. 32,439 Date: 8/4/05AMENDMENT

To the Commissioner:

In response to the Official Action dated July 20, 2005, Applicant respectfully submits the following amendments and remarks for consideration by the Examiner in the above-identified patent application.

**Amendments to the Claims** are reflected in the **Listing of Claims** which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.